## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 723911**

FILED Feb 22, 2008 Secretary of State

Entity Name: FIRE, BAPTISM AND TRUTH CHURCH, INC.

Junenti	Principal Place of Business:	New Principal Place of Business:
	TH STREET O BEACH, FL 33060 US	
Current N	Mailing Address:	New Mailing Address:
324 NW 8 POMPAN	ST O BEACH, FL 33060	
FEI Number	r: 65-0361284 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
The above	ST O BCH, FL 33060 US	the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered	d Agent Date
OFFICER	Electronic Signature of Registered S AND DIRECTORS:	d Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address:		· ·
Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECTORS:  PD () Delete RUSSELL,DOUGLAS, 324 N.W,8TH ST	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD ( ) Delete RUSSELL,DOUGLAS, 324 N.W,8TH ST POMPANO BCH, FL 33060  V ( ) Delete MORMON, WILLIE, 2125 NW 4TH STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Naddress: City-St-Zip: Title: Naddress: City-St-Zip: Title: Naddress: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () Delete RUSSELL,DOUGLAS, 324 N.W,8TH ST POMPANO BCH, FL 33060  V () Delete MORMON, WILLIE, 2125 NW 4TH STREET POMPANO BCH., FL 33060  D () Delete MORMON, GRACE, 2125 NW 4TH STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS RUSSELL PD 02/22/2008